



June 15, 2005

William A. Rafter
Director
Julian F. Keith Alcohol and Drug Abuse Treatment
Center
201 Tabernacle Road
Black Mountain, NC 28711

Joint Commission ID #: 3377
Accreditation Activity Completed: 6/10/2005
Accreditation Activity: Full Survey

Dear Mr. Rafter:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

With that goal in mind, your organization received Requirement(s) for Improvement during its recent survey. These requirements have been summarized in the Accreditation Report provided by the survey team that visited your organization.

Please be assured that once your organization's Accreditation Report is available, the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

Sincerely,

A handwritten signature in dark ink, appearing to read "Russell P. Massaro".

Russell P. Massaro, MD, FACPE
Executive Vice President
Division of Accreditation Operations



Julian F. Keith Alcohol and Drug Abuse Treatment Center
201 Tabernacle Road
Black Mountain, NC 28711

Organization Identification Number: 3377

Date(s) of Survey: 6/10/2005 - 6/10/2005

PROGRAM(S)

Laboratory Accreditation Program

SURVEYOR(S)

Teresita R. Stonefield, MT

Executive Summary

As a result of the accreditation activity conducted on the above date, your organization must submit Evidence of Standards Compliance (ESC) within three (3) months from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Analytic Procedures

Standard: QC.1.80

Program: LAB

Standard Text: The laboratory uses a system to evaluate and correlate the relationship between results for the same test performed with different methodologies or instruments or at different sites.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

1. When the same analyte is tested using different methodologies or instruments or at different locations, the laboratory has a system to determine the relationship between, or among, the results.

Surveyor Findings

There was no system in place to correlate the urine screen drug of abuse test performed by the instrument and the dipstick method.

Standard: QC.1.110

Program: LAB

Standard Text: The laboratory ensures that quality control results meet its criteria for acceptability before it reports patient test results.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

1. For each area of the laboratory, defined criteria exist for evaluating the acceptability of control and calibration results.

Surveyor Findings

The quality control for the rapid urine drug of abuse testing (Kit method) was not defined and followed as suggested by the manufacturer.

Standard: QC.6.10

Program: LAB

Standard Text: Using appropriate controls, the laboratory verifies each procedure in clinical chemistry at least once each day of use.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

1. The laboratory defines the quality control procedure for each testing system or methodology, including the range of control values used and the frequency of quality control testing.

Surveyor Findings

There was no external control defined for the rapid urine drug of abuse test by kit method.

Accreditation Survey Findings

Requirement(s) for Improvement

Standard: WT.1.60

Program: LAB

Standard Text: Appropriate quality control and test records are maintained.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

3. Quality control records, instrument problems, and individual results are correlated.

Surveyor Findings

During the tracer activities, the quality control testing for urinedipstick was not performed for January and February, 2005, in all four nursing units. The unit of measure and the normal range were not included in the medical records for the urinedip and waived glucose tests.

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Communication

Standard: LD.2.70

Program: LAB

Standard Text: The laboratory director is responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of services.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

1. Laboratory procedures are approved, current, and complete.

Surveyor Findings

The laboratory director did not review the new policies and procedure for the urine rapid drug screen test. Procedures for the urine drug screen by dipstick and urine pregnancy test did not cover external quality control requirements.

Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Quality Improvement Expertise/Activities

Standard: LD.2.110

Program: LAB

Standard Text: The laboratory director is responsible for maintaining any necessary quality control programs.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

5. The laboratory director reviews quality control and proficiency testing data.

Surveyor Findings

There was no evidence that the laboratory director has reviewed the quality control and proficiency testing results.
